

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575321

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL CLAIMS | 10 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |